PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001

Application or Docket Number

CLAIMS AS FILED - PART I SMA									YTITY		OTHER	THAN
	<u>.</u>	•	(Column 1)		(Column 2)			TYPE		OR	SMALL ENTITY	
TOTAL CLAIMS			12				ſ	RATE	FEE	1 1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00
	TAL CHARGEA	BLE CLAIMS	12 min	us 20=	* Ø/	* Ø,				OR	X\$18=	
IND	EPENDENT CL		2 minus 3 = *					X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT					,			+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in column 2							L	TOTAL		OR	TOTAL	740
CLAIMS AS AMENDED - PART II									OTHER	THAN		
(Column 1) (Column 2) (Column 2)					(Column 3)	_	SMALL	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	_	HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	. 12	Minus	* 2	0			X\$ 9=		OR	X\$18=	. \
AME	Independent	* 2:	Minus	***	3	-		X42=		OR	X84=	
	FIRST PRESE	NIATION OF MC	JLI IFLE DEF	ENDEN	CLAIM		¹	+140=		OR	+280=	
Čar I d	e a la companya di sa	e s e					L ^	TOTAL DDIT. FEE)	OR	TOTAL ADDIT. FEE	-
		(Column 1)	•	(Colur	nn 2)	(Column 3)		DDII. FEE		,	ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		<u> </u>		X42=		OR	X84=	
	FIRST PRESE	NTATION OF ML	LIPLE DEP	ENDENI	CLAIM		'	+140=		OR	+280=	
	· ·						A	TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE	
		(Column 1)		(Colur	nn 2)	(Column 3)	_					
AMENDMENT C		\ CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	_	=	╻┝	X42=			X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM]	/\7 L -		OR	704-	
* 1	f the entry in colu	mn 1 is lose than th	e entry in colu	mn 2 write	"O" in col	umn 3		+140=		OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

								Application or Docket Number						
PATENT APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003									10/0	811	09			
CLAIMS AS FILED - PART I								SMALL E	NTITY		OTHER	THAN		
T =	OTAL CLAIMS		(Column 1) (Col			umn 2) TYPE		TYPE [OR		ENTITY		
TOTAL CLAIMS								RATE	FEE		RATE	FÉÉ		
FOR			NUMBER	FILED	NUMBER EXTRA			BASIC FE	E \$375	OR	BASIC FEE	\$ 750		
TOTAL CHARGEABLE CLAIMS			minus 20=		*			X\$ 9=		OR	X\$18=	٠		
INDEPENDENT CLAIMS			minus 3 =					X42=		OR	X84=			
MULTIPLE DEPENDENT CLAIM P			RESENT					+140=		1 1	+280=			
* [1	* If the difference in column 1 is less than zero, enter "0" in column 2						1	TOTAL		OR				
	CLAIMS AS AMENDED - PART II								L	J.On	OTHER	THAN		
	(Column 1) (Column 2) (Column 3)						_	SMALL	ENTITY	OR	SMALL			
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	*	Minus	2	0	2		X\$ 9=		OR	X\$18=			
	Independent	<u> </u> *	Miņus	*** 2	>	=		X42=	-	OR	X84=			
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						\	+140=		OR	+280=			
			$\widehat{}$				L	TOTAL		ا ۱	TOTAL			
	(Column 1) (Column 2) (Column 3)						ADDIT. FEEOH ADDIT. FEE							
NDMENT B	CLAIMS REMAINING			HIGH	EST	ST			ADDI-	1 1		ADDI-		
		AFTER AMENDMENT		PREVIC PAID I	USLY	EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE		
	Total	. 11	Minus	** 6	0	= -		X\$ 9≥~		OR	X\$18=			
AMEN	Independent	* /	Minus	***	3		lΓ	X42=		OR	X84=			
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						╹	+140=		1	+280=			
							L	TOTAL		OR	TOTAL			
							Α	DDIT. FEE		OR ,	ADDIT. FEE	· •		
_	(Column 1) (Column 2) CLAIMS HIGHEST				(Column 3)	_	-		i r					
AMENDMENT C		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	*	Minus	**		=	1 ├─	X\$ 9=		OR	X\$18=			
	Independent	*	Minus	***		=		X42=			X84=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR				
	f the entry in colu	mn 1 is less than th	e entry in colu	mn 2 weite	"N" in ool	umn 3		+140=		OR	+280=			
**	If the "Highest Nur	mber Previously Pa	id For" IN THIS	SPACE is	less tha	n 20, enter "20."	ΑC	TOTAL DDIT. FEE		OR A	TOTAL DDIT. FEE			
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.														